

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Tomomi MOMOHARA

Serial No: 09/686,200

Confirmation No.: 6091

Filed: October 5, 2000

For: PROBE CARD HAVING GROUPS OF PROBE
NEEDLES IN A PROBING TEST APPARATUS FOR
TESTING SEMICONDUCTOR INTEGRATED
CIRCUITS

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Art Unit: 2829
Examiner: Vinh P. Nguyen

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
March 9, 2005.

Date of Deposit
William H. Wright, Reg. No. 36,312

Name
Signature
3/9/05
Date

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

 Petition for Extension of Time in duplicate is enclosed.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	12	-	20	**	0 LG=\$50 SM=\$25	\$50 \$ 0
INDEPENDENT CLAIMS FEE	3	-	3	***	0 LG=\$200 SM=\$100	\$200 \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS	\$ 0
						TOTAL \$ 0

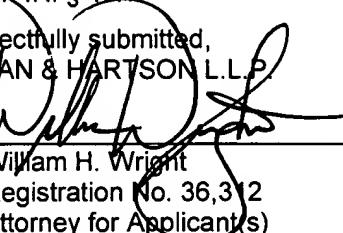
* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- A check in the amount of \$ 120 to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: 

William H. Wright
Registration No. 36,312
Attorney for Applicant(s)

Date: March 9, 2005

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